



Official signed contract documents are on file with OMES Central Purchasing.

Contract title: Ground Maintenance equipment & services.

Contract Number: SW0196HT

Date of Contract issuance: 02/08/2023

Contract period: 02/08/2023 through 02/07/2024

Agreement period: 02/08/2023 through 02/07/2028 Non-Mandatory

Type of contract: Mandatory

OMES Central Purchasing contact: Cini Zacharia, CPOII **Title:** Contracting Officer II

Phone: (405) - 522 - 9078

Email: Cini.zacharia@omes.ok.gov

Supplier name: HUSTLER TURF
EQUIPMENT INC

Contract ID #: 0-6821

Supplier ID #:0000326697

Supplier Point of Contact: Jennifer Kucera

OR Michael Robinson

State: KS

Zip Code: 67062-8808

Supplier Address: 200 S Ridge RD
City:Hesston

Email: Jennifer.Kucera@sbdinc.com

or

Michael.robinson2@sbdinc.com

Phone: 620-327-4911

Contract Overview:

**This Statewide Contract resulted from the Solicitation #0900000552 for
SW0196HT, Ground Maintenance equipment & services.**

**Authorized Users: All state departments, boards, commissions, agencies, and institutions, in
Addition to counties, school districts and municipalities which may avail themselves of this
contract.**

How to order:

- 1. For product and pricing information review awarded contract documents “Attachment Named
Exhibit#3&4 Pricing”.**
 - 2. Request a quote from the supplier or any approved authorized dealer listed below. All quotes
must reference SW0196HT**
 - 3. Generate a purchase order made payable to the desired supplier. You must reference the
statewide
contract number SW0196HT on your purchase order by
attaching the People Soft Contract.**
 - 4. Email your purchase order to the designated supplier sales representative**
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**Available Brands: HUSTLER TURF
EQUIPMENT INC**

Available Products and Services:

Ground Maintenance equip & services.

Authorized Dealer/Reseller(s):

Supplier name: NA

Supplier ID #:

Contract ID #:

Supplier Point of Contact:

Supplier address:

City:

State:

Zip Code:

-

Phone #: 1 - - -

Email:

Supplier name:

Supplier ID #:

Contract ID #:

Supplier Point of Contact:

Supplier address:

City:

State:

Zip Code:

-

Phone #: 1 - - -

Email: